# M10000004335

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
·				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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10 OCT - | PH |: 89

T. HAMPTON OCT -4 2010



### **COVER LETTER**

SUBJECT:	Innovative	Hospitality Solutions, LLC	C
		ame of Limited Liability Company	
			ransact Business in Florida," Certificate of ity company to transact business in Florida.
Please return all	correspondence concerning this n	natter to the following:	
		Julio Castro	
		Name of Person	
	Innova	ative Hospitality Solutions, LL	С
		Firm/Company	
	732	0 NW 12 Street, Suite# 116	
		Address	<del>.</del>
		Miami, Florida 33126	
		City/State and Zip Code	
		nancedirector@ihs-us.com	
		(to be used for future annual report no	tification)
For further infor	rmation concerning this matter, ple	ease call:	
	Michael Martin	at ( 305 )	591-0413
	Name of Person	Area Code & Daytime Telepho	ne Number
Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a	check for the following amo	unt:	
\$125	5.00 Filing Fee \$130.00 Fili Certificate		



RECEIVED

10 OCT -1 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 7, 2010

JULIO CASTRO 7320 NW 12 ST STE 116 MIAMI, FL 33126

SUBJECT: INNOVATIVE HOSPITALITY SOLUTIONS, LLC

Ref. Number: W10000040533

We have received your document for INNOVATIVE HOSPITALITY SOLUTIONS, LLC and your check(s) totaling \$160.00 of which \$155.00 has been applied to file the other document(s)-leaving a balance of \$5.00 to file this document. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 510A00021290

RECEIVED

10 SEP -3 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 27, 2010

JULIO CASTRO 7320 NW 12 ST STE 116 MIAMI, FL 33126

SUBJECT: INNOVATIVE HOSPITALITY SOLUTIONS, LLC

Ref. Number: W10000040533

We have received your document for INNOVATIVE HOSPITALITY SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 610A00020590

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

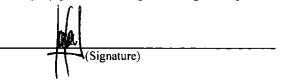
•	(a		
1	Innovative Hospitality Solutions, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of	or "LLC.")	_
•	, and the state of	,,	
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attactions of the managers or managing members adopting the alternate name. The alternate name must include npany," "L.L.C," "LLC.")		
2.	Orleans Parish, Louisiana 3 27-1739598		
	Orleans Parish, Louisiana 3. 27-1739598  Turisdiction under the law of which foreign limited liability ompany is organized) (FEI number, if applicable)	)	_
4.	09/09/2008 5. perpetual (Date of Organization) (Duration: Year limited liability company		
	(Date of Organization) (Duration: Year limited liability companexist or "perpetual")	y will cease to	-
6.	May 30, 2010		_
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7.	7320 NW 12 Street, Suite# 116		<b>∓</b> D
	Miami, Florida 33126	ಹ	IVIS
	(Street Address of Principal Office)	10 OCT	-0.X
3.	If limited liability company is a manager-managed company, check here	· <u>1</u>	20
a '	The name and usual business addresses of the managing members or managers are as fol	llows: 🔀	9
,		10WS	Č
	Julio Castro	<u>යා</u>	<u>ح</u> <del>این</del> –
	7320 NW 12 Street, Suite# 116		Ciri
	Miami, Florida 33126		_
	Miarrii, Fiorida 33 120		_
hej	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official havir urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign slation of the certificate under oath of the translator must be submitted.)		cord
11.	Nature of business or purposes to be conducted or promoted in Florida:		_
_	Janitorial Staffing Services		_·
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
	Julio Castro		
	Typed or printed name of signee		

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

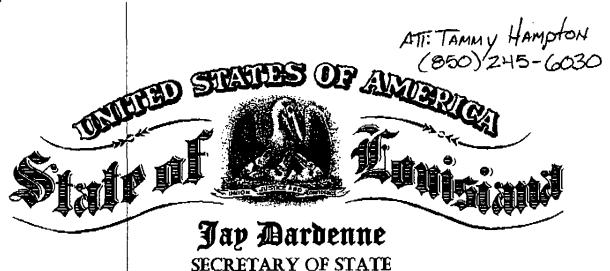
1. The name of the Limited Liability Company is:					
Innovative Hospitality Solutions, LLC					
If unavailable, the alternate to be used in the state of Florida is:					
2. The name and the Florida street address of the registered agent and office are:					
JULIO CASTRO					
Innovative Hospitality Solutions, LLC					
(Name)					
7320 NW 12 Street, Suite# 116					
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
Miami, Florida 33126					
City/State/Zip					

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

19 OCT - 1 PM 1: 98



As Socretory of States of the State of Louisiana I do horoby Cortify that

#### INNOVATIVE HOSPITALITY SOLUTIONS, LLC

A limited flability company domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on September 09, 2008,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 13, 2010

Secretary of State

Web GSC



Certificate ID: 10092363#HHH62

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louisiana.gov